

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center; font-weight: bold;">10/564010</div>	FILING DATE					
							APPLICANT(S)						
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; transform: rotate(-15deg); font-family: cursive;">Art. 34</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">CLAIMS</div> </div>													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1											
3		1											
4		3											
5		(1)											
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14		3											
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24		3											
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43		(1)											
44		(1)											
45		(1)											
46		(1)											
47	1												
48		1											
49		1											
50		3											
TOTAL IND.	6	↓	0	↓	0	↓							
TOTAL DEP.	56	←	0	←	0	←							
TOTAL CLAIMS	62		0		0								
51		(1)											
52		(1)											
53		(1)											
54	1												
55		1											
56		2											
57		2											
58		(1)											
59		(1)											
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65	1												
66		1											
67		2											
68		2											
69		(1)											
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73	1												
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75		2											
76		2											
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83	1												
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85		2											
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90		(1)											
91		(1)											
92			1										
93				1									
94				1									
95				1									
96			1										
97				1									
98				1									
99				1									
100			1										
TOTAL IND.	4	↓	3	↓	0	↓							
TOTAL DEP.	44	←	6	←	0	←							
TOTAL CLAIMS	48		9		0								

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							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101				1									
102				1									
103				1									
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TOTAL IND.	0	↓	1	↓	0	↓							
TOTAL DEP.	0	←	10	←	0	←							
TOTAL CLAIMS	0		11		0								
151													
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197													
198													
199													
200													
TOTAL IND.	0	↓	0	↓	0	↓							
TOTAL DEP.	0	←	0	←	0	←							
TOTAL CLAIMS	0		0		0								